

Foster Family Home - Deficiency Report

Provider ID: 1-210075

Home Name: Dexter Pacariem, NA

Review ID: 1-210075-1

94-314 Hilihua Way

Reviewer: David Ayling

Waipahu HI 96797

Begin Date: 11/3/2021

Foster Family Home	Required Certificate	[11-800-6]
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6.(d)(1) Comply with all applicable requirements in this chapter; and

Comment:

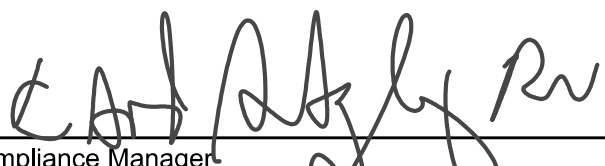
6.(d)(1) - Home inspection for a new 2 person CCFFH certification. Corrective Action Report issued during home inspection with written plan of correction due to CTA by 12/3/21.

Foster Family Home	Personnel and Staffing	[11-800-41]
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41.(b)(8) Have documentation of current training in blood borne pathogen and infection control, cardiopulmonary resuscitation, and basic first aid.

Comment:

41.(b)(8) - CG #2 needs current training in blood borne pathogen and infection control, cardiopulmonary resuscitation, and basic first aid.


Compliance Manager


Primary Care Giver

11/3/2021
Date

11/3/2021
Date